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Fixing the Australian health system - can research help?

Kathy Eagar

University of Wollongong, keagar@uow.edu.au

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Fixing the Australian health system - can research help?

Abstract

Overview

- Why health and community care is important
- Introduction to health services research
- Some examples of research undertaken by the Centre for Health Service Development (CHSD) over the last 15 years
- Can health services research help solve real life problems facing the Australian health system?

Keywords

system, health, australian, fixing, help, can, research

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Fixing the Australian health system – can research help?

Professor Kathy Eagar
Director, Centre for Health Service Development
Sydney Business School
Research Strength Seminar
University of Wollongong, March 2009

Overview

- ◆ Why health and community care is important
- ◆ Introduction to health services research
- ◆ Some examples of research undertaken by the Centre for Health Service Development (CHSD) over the last 15 years
- ◆ Can health services research help solve real life problems facing the Australian health system?

But first, a quick quiz ...

How many Australian governments (federal or state) have **retained** office over the last 20 years mainly because of their good management of the health portfolio?

- A None that I can think of
- B I have a vague idea that one did a few years ago
- C Several that I can name
- D Too many to count

Answer

None that I can think of

Implication

Improving health and managing health care is a bit complicated!

Question 2

How many Australian governments (federal or state) have **lost** office over the last 20 years because of their management of the health portfolio?

- A None that I can think of
- B I have a vague idea that one did a few years ago
- C Several that I can name
- D Too many to count

Answer

Too many to count

Implication

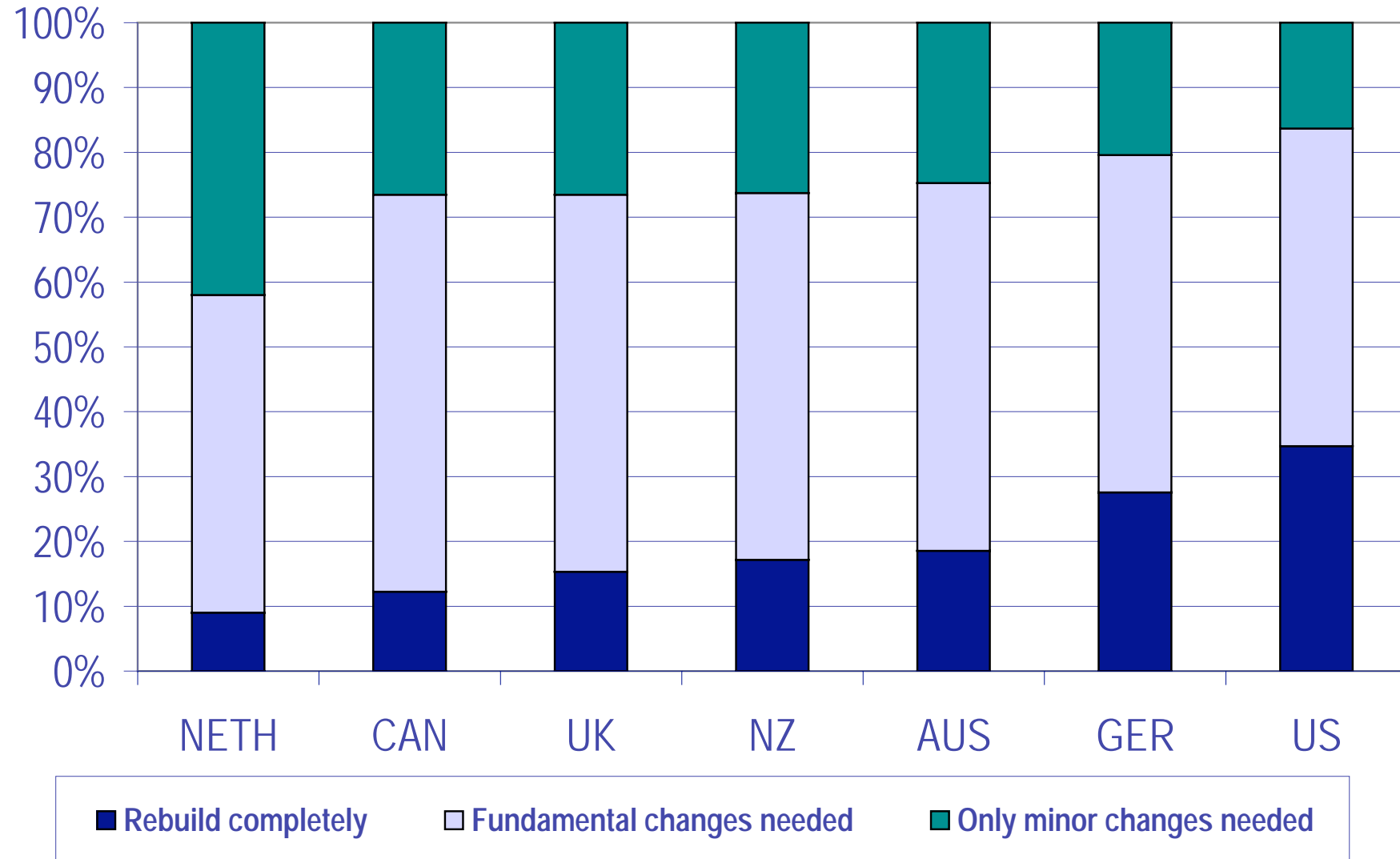
Health and health care matters!

Question 3 - where are we now?

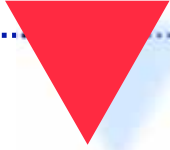
Which of the following statements comes closest to expressing the citizens' view of the health care system?

- A. On the whole, the system works pretty well and only minor changes are necessary to make it work better.
- B. There are some good things in our health care system, but fundamental changes are needed to make it work better.
- C. Our health care system has so much wrong with it that we need to completely rebuild it.

Answer



Source: 2007 Commonwealth Fund International Health Policy Survey.
Data collection: Harris Interactive, Inc.



Is the health system in crisis?

SATURDAY, JUNE 29, 1957

CRISIS IN THE HOSPITALS

The State Government has And the presumption of re-
good reason to be dismayed curring debt, combined with
by the huge debts incurred the belief that retailers will
by our public hospitals, not, in the last resort, cut off
though it can hardly be more supplies, has created a hand
so than the unfortunate credi- to mouth attitude on the part
tors who have been bearing of both hospital administra-
the burden of unpaid bills tions and Government alike.
with considerable forbear- The result is that the annual
ance. That the hospitals have allocation of revenue has
been living beyond their ceased to bear any serious
means for years is common relation to actual needs.
knowledge. But that they The fact must be faced
should have been obliged, for that at present there is just
whatever reasons, to conduct not enough money being
their financial affairs on the spent to produce an efficient
calculated assumption of a and solvent hospital service.
And so long as the mechan-

"The fact must be faced that at present there is just not enough money being spent to produce an efficient and solvent hospital service"

June 29, 1957

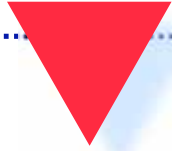
And it was ever thus...

- ◆ 'Medicine is a social science and politics is nothing more than medicine in larger scale'
 - Rudolf Virchow (the father of the science of cellular pathology) reflecting on his experience after reviewing the causes of a typhus epidemic Upper Silesia in the late 1840s.

Pressure on the health system is real

- ◆ 'Unless alternatives are developed, it will be necessary to open at least 300 new beds in NSW each year to keep up with predicted growth in demand'. The implications are severe:
 - in 1971-72 health represented 15% of the total NSW budget
 - by 2007-08 this had increased to 28%
 - at this rate, funding for health will consume the entire State budget by 2033."

Ref: NSW Audit Office 2008, p.2



What is health services research?

Investigating wicked problems, finding practical solutions and deriving lessons relevant to policy

Health Services Research (HSR)

- ◆ Multidisciplinary research that aims to improve the health services patients receive
- ◆ The audience for HSR includes not only other academics but also patients, providers, managers and politicians
 - creating important opportunities for partnerships and funding and
 - allowing us to blur the usual academic distinction between 'investigator-driven' and 'priority-driven' research

Health Services Research (HSR)

- ◆ applied rather than 'basic' research
- ◆ many dimensions: better quality, safer care, better accessibility, improved efficiency and better outcomes
- ◆ differs from single-discipline research in that it seeks to understand these dimensions from multiple perspectives using mixed methods
- ◆ the focus on services distinguishes HSR from other multidisciplinary health research activities such as looking for the causes of diseases, population and public health



About the Centre for Health Service
Development

(CHSD)

About the CHSD



- ◆ Established 1993
- ◆ Part of Sydney Business School, UoW
- ◆ Self-funded health services R&D centre
- ◆ Largest health services research centre in Australia
 - 200+ R&D projects - mix of national, state and local projects
 - 40+ staff and affiliates and 16 disciplines
 - ▼ psychology, statistics, economics, public health, management, health planning, operational research, education, pharmacy, human geography, health sociology, medicine, occupational therapy, nutrition, nursing and communications

6 research themes

- ◆ Health system delivery, organisation & performance
- ◆ Care coordination & integration
- ◆ Health care outcomes
- ◆ Health policy & management
- ◆ Health & community care financing
- ◆ Patient classifications across settings

Some examples of our research questions

- ◆ How much would it cost to *Close the Gap* in Aboriginal health in Cape York?
- ◆ How to measure health outcomes of people with dementia?
- ◆ How to assess the needs of carers of people with disabilities?
- ◆ What is the health impact of being held in an Australian immigration detention centre?
- ◆ How can NSW achieve an equitable funding model for HIV/AIDS & related programs?

Some examples of our research questions

- ◆ What is the best way to fund heart and lung transplants?
- ◆ How to implement best practice (translate research into practice) in Residential Aged Care?
- ◆ How to measure outcomes in palliative care?
- ◆ Why do patients go to an Emergency Department rather than to a GP?
- ◆ Is rehabilitation effective?

What drives the need for health care?

- ◆ A recurring theme in CHSD research since 1993
- ◆ There's more to 'need' than simply a medical diagnosis:
 - Why does one person with cancer need oncology but another need palliative care?
 - Why can one older person with chronic heart disease and diabetes live independently in the community but another can't?



A case study of our research

The Australian Sub-Acute and Non-Acute
Patient study 1996-1997

The AN-SNAP Study

- ◆ AN-SNAP - Australian National Sub-Acute and Non-Acute Patient Classification Study
- ◆ Funded jointly by:
 - Commonwealth Dept of Health & Ageing
 - NSW Department of Health
- ◆ Conducted by CHSD
 - data collection in 1996, report in 1997

Scope

- ◆ Care in which diagnosis is not the main driver

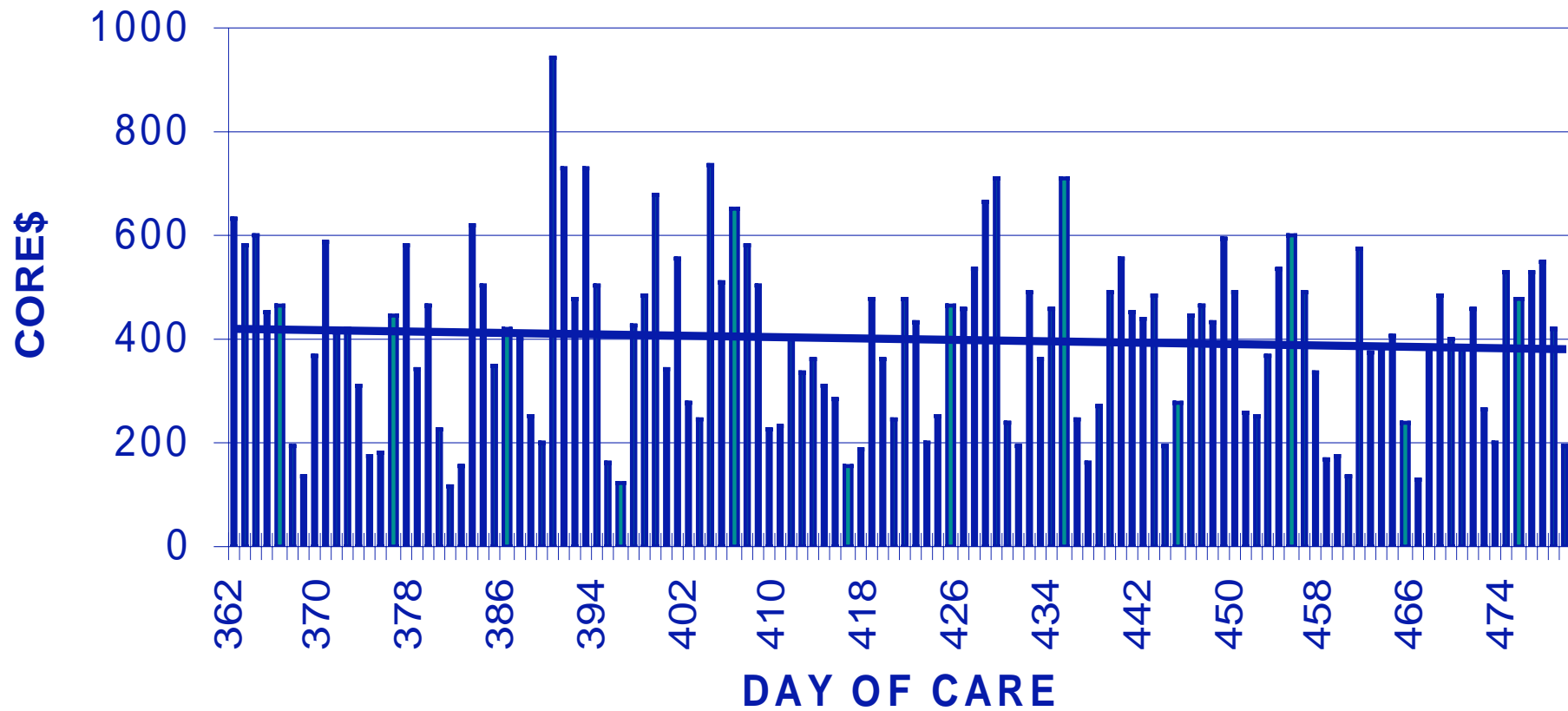
- ◆ Sub-Acute Care
 - enhancement of quality of life and/or functional status

- ◆ Non-Acute Care
 - maintenance of current health status if possible

Study Data Collection

- ◆ An intensive 3 month study that collected:
 - Detailed staff time and other service utilisation data
 - A detailed clinical dataset on each patient
 - Corresponding financial data
- ◆ 6 months in some spinal and brain injury units
- ◆ 104 sites, including hospitals, community health services and hospices in Australia and New Zealand, both public and private
- ◆ 15,000 clinicians collected data on 30,600 patients

An example of a cost profile - rehabilitation



Some outcomes

- ◆ Discovered what drives the need for care and the cost of care for sub-acute and non-acute patients
- ◆ A patient classification and funding system that is now in routine use in Australia
 - partial adoption and trials in several other countries
- ◆ Routine systems in place to measure patient outcomes based on why the patient needs care (not on their diagnosis)
- ◆ COAG agreed in Nov 08 to increase sub-acute beds in Australia by 5% for each of the next 4 years
- ◆ For CHSD, became the building block for research that continues today

Australian Sub-Acute and Non-Acute Patient (AN-SNAP) study

Content

Australasian Rehabilitation Outcomes Centre

Palliative Care Outcomes Collaboration

Methods

Costing methodologies

Assessing value for money

Outcome measurement tools

Program evaluation frameworks and methods

How to measure needs and outcomes

Closing the Gap in Cape York

Detention Health

Community care assessment systems

Assessing carer needs

How to translate evidence into practice

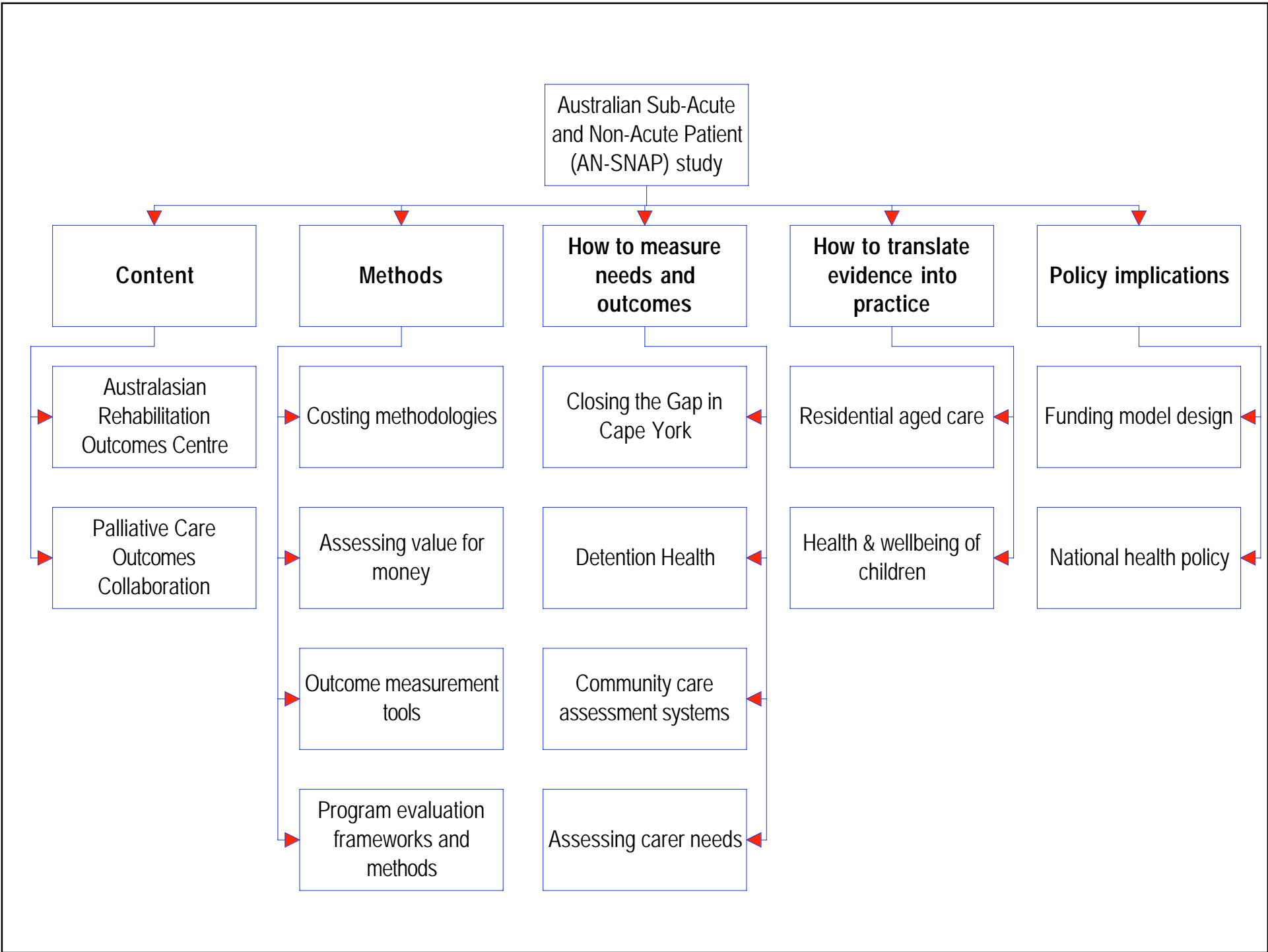
Residential aged care

Health & wellbeing of children

Policy implications

Funding model design

National health policy





But not every CHSD story has a
happy ending

Why do patients go to the Emergency
Department rather than the GP?

The perceived problem

- ◆ Emergency Departments (ED) are crowded and regularly on the front page of the newspapers
- ◆ Primary care (GP type) ED presentations are estimated to account for about half of ED presentations and are perceived to be the problem
- ◆ Little is known about why primary care patients attend ED rather than their GP
 - so we asked them

The research

- ◆ 5 years of time series analyses of ED attendances in the Illawarra and Shoalhaven
- ◆ Linking of ED data to Medicare Australia data on GP attendances
- ◆ Qualitative surveys of patients and providers
 - presentation today is only on this aspect of the research

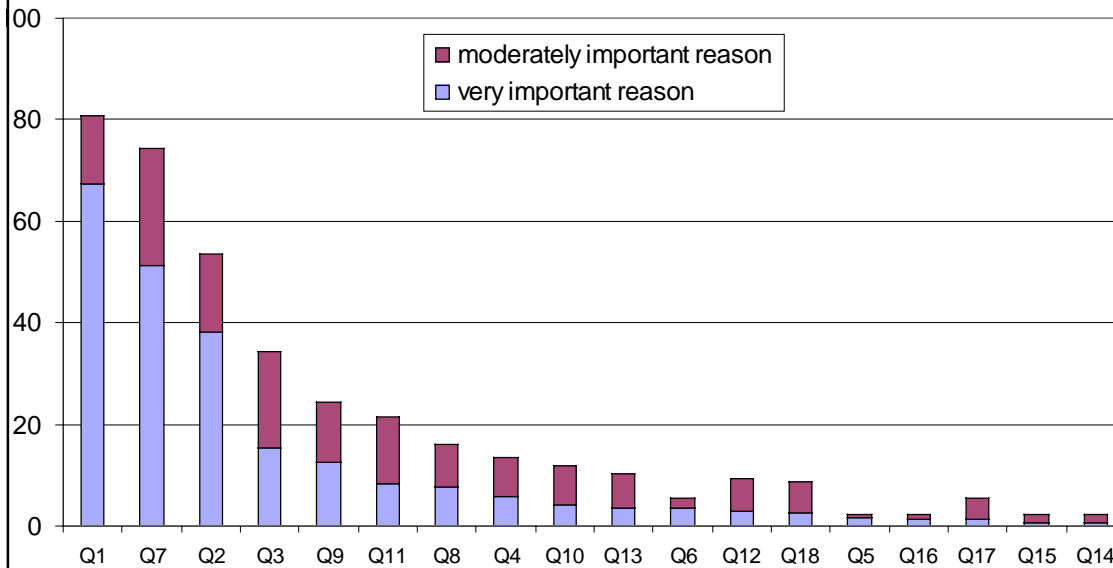
Method

- ◆ Wollongong, Bulli, Shellharbour and Shoalhaven hospitals
- ◆ Patients completed survey - 20 statements
 - rate importance re why you came to the ED today
 - ▼ very important reason
 - ▼ moderately important reason
 - ▼ not a reason
- ◆ Same statements also included in a survey of doctors and nurses
 - rate importance re why patients come to the ED for primary care rather than to a GP

Findings - the size of the problem

- ◆ The number of primary care ED presentations is small in comparison to GP presentations
 - about 3% in Illawarra and a similar percentage nationally.

What patients said - top 3 reasons



1. Problem required immediate attention and was too urgent to wait to see a GP or Medical Centre
2. Able to see the doctor and have any tests or X-rays all done in the same place
3. Problem too serious or complex to see a GP or Medical Centre, including after hours

Top 3 reasons - nurses and doctors

1. There is no charge to see a doctor at the ED
2. Not able to get in as a patient at a GP surgery as the books are closed
3. There is no charge for X-rays or medicine at the ED

Ranking on top 3 patient reasons

Question	Doctors	Nurses	Patients
Problem required immediate attention and was too urgent to wait to see a GP or Medical Centre	4	6	1
Able to see the doctor and have any tests or X-rays all done in the same place	6	4	2
Problem too serious or complex to see a GP or Medical Centre, including after hours	7	10	3

Ranking on top 3 clinician reasons

Question	Doctors	Nurses	Patients
There is no charge to see a doctor at the ED	1	1	13
Not able to get in as a patient at a GP surgery as the books are closed	2	3	8
There is no charge for X-rays or medicine at the ED	3	2	11

Perceptions

- ◆ There is an important distinction between:
 - clinically-assessed triage category and
 - self-assessed urgency and complexity.
- ◆ Provider perceptions bear little or no relation to patient perceptions
- ◆ Patients can only be expected to act on their own judgments.

Policy implications

- ◆ Patients identified appropriate and sensible reasons for coming to the ED
 - urgency, complexity and being able to have the diagnostic tests that they had anticipated would be required.
- ◆ Only 3% of primary care patients attend ED rather than a GP
- ◆ Given this, the problem isn't 'inappropriate patients', it's 'inappropriate policy'
 - the reasons that EDs are under stress lie elsewhere.

Outcomes

- ◆ Academic publications
- ◆ Citations in other academic publications, plus policy reviews and national inquiries
- ◆ But governments and policy makers continue to believe that ED over-crowding is due to primary care patients and continue to devise strategies (eg, media campaigns) to get them to go elsewhere
- ◆ Numbers in ED continue to increase each year

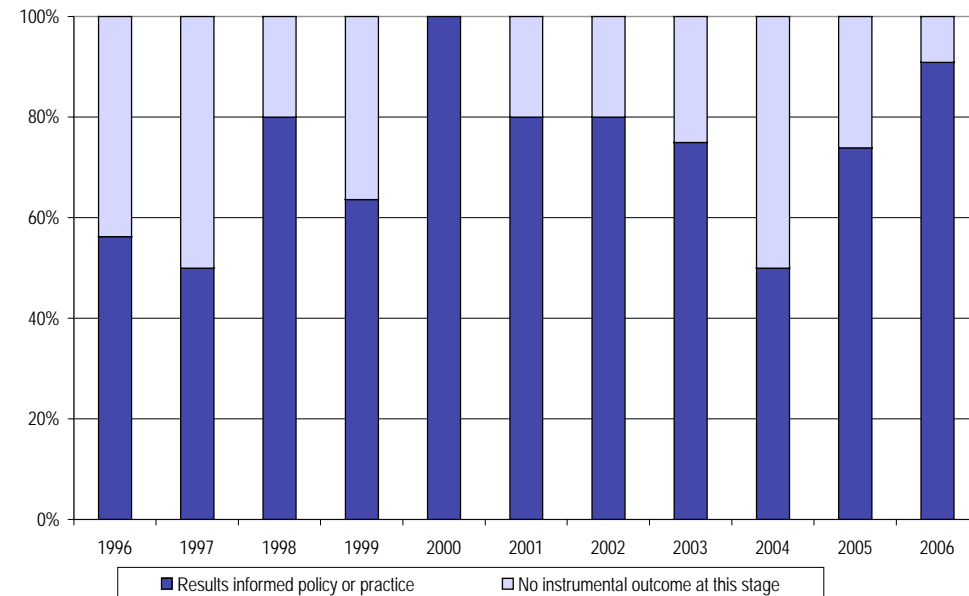


Q: Can health services research can help solve real life problems facing the Australian health system?

A: Yes, but...

Yes

- ◆ CHSD monitors all projects and records outcomes as they occur
- ◆ Some outcomes take years



But

- ◆ Health care is really important and there are many other influences on the health system than just research evidence
 - health care is a 'strife of interests'
- ◆ Even when the evidence is accepted, translating evidence into practice is difficult to achieve (eg, hand washing)

A strife of interests

- ◆ 3 key stakeholders
 - payers/governments (different values at different times)
 - clinicians (different values at different times)
 - community/consumers (different values at different times)
- ◆ Positive change only occurs when at least 2 of these 3 agree

Sidney Sax S. 1984 [A Strife of Interests](#), Allen and Unwin, Sydney.

Conclusion

- ◆ HSR can help solve real life problems facing the Australian health system but only when:
 - the research is multi-disciplinary
 - researchers know how to blur the usual academic distinction between 'investigator-driven' and 'priority-driven' research
 - there is a coherent stream of research, not just reactive
 - researchers work in partnerships with:
 - ▼ policy makers and/or
 - ▼ providers and/or
 - ▼ consumers

and can get at least
2 of them to agree!